

Grove City Parks and Recreation Department

Online Registration Account Activation Form (614) 277-3050

This form must be completed and filed with the City of Grove City Parks and Recreation Department. It is necessary to properly activate your online activity registration account. This form is designed to insure that you will be allowed to enroll each member of your entire household in recreational programs and activities. Some important reminders:

- For fast and convenient processing, list all members residing in your household.
- Each household member over the age of 18 years old must personally sign this form as a "Participant." A "Parent/Guardian" must sign for all minors (under 18 years of age).
- Once you establish your permanent Password, keep it in a safe place and do not share it with anyone. If you forget it, our Online Activity Registration System has an automated help feature.
- When enrolling online, only MasterCard and Visa credit cards will be accepted.
- Credit card holders are responsible for all online charges and agree to pay these charges according to their credit card issuer agreement(s).
- Refunds/Transfers cannot be issued/processed via the Online Activity Registration System.
- Registered participants may cancel from a program at any time. Participants will receive a credit to their account. Credits are redeemable indefinitely. It is the participant's responsibility to contact the Parks and Recreation Department if this is necessary.
- All activities, dates, and fees are subject to change.
- The City of Grove City reserves the right to deny/deactivate online accounts and make changes to the online system at anytime.

Head of Household

Last Name	First Name				
Date of Birth		Gender			
Home Phone	Cell Phone	Emerg	gency Phone _		
Address	Cit	ty	State	ZIP	
E-Mail Address					
Signature			;		

In consideration of acceptance as a member of the Grove City Parks and Recreation program, I do hereby, for myself, executors and administrators, waive, release and forever discharge all claims for any and all damages, which may be sustained and suffered by the above named child in connection with his/her said association with and/or entry into games, exhibitions and/or practice sessions which may herein after occur to me against the Grove City Parks and Recreation Department, its sponsors, administrators, all their respective officers, agents, representatives, successors and/or assigns.

In further consideration for such recreation and training being afforded my child, I do hereby release and discharge the Grove City Parks and Recreation Department its officers, coaches, assistants and their appointees any and all of them, from any claims, liabilities, damages or demands for any injuries to person or property, sustained by the above named child and resulting from their participation, practice, or play for the aforementioned organization. Should the above named child become ill or injured and a parent or guardian cannot be contacted, permission is hereby granted to call a licensed physician for treatment or to transport said child to a hospital emergency room for treatment. Further the undersigned will identify and hold harmless, the City of Grove City, its officers, employees, sponsors, administrators, agents and all other persons, whoever, from any and every claim or demand of every kind of character, which may be asserted by reasons of any injuries or the effects or consequences thereof.

I agree to abide by the written rules, policies and spirit of Grove City Parks and Recreation Department, and that all programs are for the sole benefit of the children participating. I acknowledge the authority of the Administrator of the Sports. I further agree to abide by any decisions made by the administrator not specifically covered by the Grove City Parks and Recreation Department, written rules, by-laws or policies. I further understand that photographs are occasionally taken of programs and class participants associated with The City of Grove City. These photographs may be used in a variety of City of Grove City publications.

Spouse/Additional Household Member

Last Name		First Name	
Home Phone	Cell Phone	Emergency Phone	
Date of Birth	Gender		
Signature		Date	
Additional Househol	d Member		
Last Name		First Name	
Date of Birth	Gender		
Signature		Date	
Additional Househol	d Member		
Last Name		First Name	
Date of Birth	Gender		
Signature		Date	
Additional Househol	d Member		
Last Name		First Name	
Date of Birth	Gender		
Signature		Date	
Additional Househol	d Member		
Last Name		First Name	
Date of Birth	Gender		
Signature		Date	